



LOUISVILLE METRO SPECIAL EVENT PERMIT APPLICATION

The permit application and fees must be received no later than (90) days prior to the start of large events and (60) days prior to the start of small events.
As a reminder to all event producers: All events require a permit, as well as all services are subject to charges, upon request.

Hand Book: <http://louisvilleky.gov/government/codes-regulations/special-events-handbook>

Event Name: _____
Official name of festival or event (name used to advertise event)

Event Producer: _____
Name of individual, group or organization producing event / agency with whom event is contracting

Primary Contact: _____
Person who should be contacted regarding the application, event or in case of an emergency

Contact Address: _____
Mailing Address Street City State Zip

Primary Contact Information: _____
Day Phone Cell Phone Evening Phone
* _____
Email Fax

EVENT ATTENDANCE

Select most appropriate box

☐ Large Event 501 people or more - \$75

☐ Small Event 500 people or less - \$40

☐ Parades any size - \$25

☐ Pop Up Event - \$250

☐ Pop Up Annual - \$1,000

Total attendance expected: _____ Peak attendance expected: _____

EVENT DATE(S) & TIME(S)

Include Load-In and Load-Out/Clean-Up

Load-In Date: ____/____/____	Time: ____:____M	Load-Out/Clean-Up End Date: ____/____/____	Time: ____:____M
Event Start Date: ____/____/____	Time: ____:____M	Event End Date: ____/____/____	Time: ____:____M
Event Start Date: ____/____/____	Time: ____:____M	Event End Date: ____/____/____	Time: ____:____M
Event Start Date: ____/____/____	Time: ____:____M	Event End Date: ____/____/____	Time: ____:____M

EVENT LOCATION (attach map/diagram)

Venue and/or event address: _____

PROVIDE BRIEF EVENT DESCRIPTION

Please include any unusual or unique features.



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¹EVENT TYPE

- | | |
|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Block Party | <input type="checkbox"/> Walk/Run/Race(5k-10k) |
| <input type="checkbox"/> Triathlon | <input type="checkbox"/> Motorcade |
| <input type="checkbox"/> Rally/Public Gathering | <input type="checkbox"/> Festival/Fair |
| <input type="checkbox"/> Film/Commercial Shoot - \$40 | <input type="checkbox"/> ² Legacy Event - \$5,000 |
| <input type="checkbox"/> Steamboat | <input type="checkbox"/> Food Truck(s) |
| <input type="checkbox"/> Pop Up Event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Non - Profit | |
| <input type="checkbox"/> For Profit | |

Select all features that best apply to your event: (property -public or private)

- | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Alcoholic Beverages Served / Sold | <input type="checkbox"/> Certificate of Insurance |
| <input type="checkbox"/> Security | <input type="checkbox"/> Emergency Medical Services |
| <input type="checkbox"/> Carnival Rides/ Inflatable's
Company Providing Services _____ | <input type="checkbox"/> Fireworks Display |
| <input type="checkbox"/> Master Vendors Permit | <input type="checkbox"/> Signs/Banners Electrical Service |
| <input type="checkbox"/> Tent(s) Over 400 sq. ft. | <input type="checkbox"/> Vendors |
| <input type="checkbox"/> Event Booth(s) | <input type="checkbox"/> Restroom Facilities |
| <input type="checkbox"/> City Stage Rental | |
| (IF AVAILABLE - CONTACT METRO PARKS) | |

STREET CLOSINGS Attach map and list all impacted street closures

List streets to be closed for event

Street Closings to begin on: Date: __/__/__ Time: __: __ M Re-opening on: Date: __/__/__ Time: __: __ M

NOTE: Event Producers must notify affected businesses and residents of street closures..

Attach list of streets and right-of-way impacted by closures: _____

METER BAGGING

Describe parking restrictions or requirements.

Number of meters to be bagged _____ Identification numbers ON meters _____

1. List streets, block numbers and specific areas that will require signs _____
2. List specific times / hours that you wish to restrict parking _____
3. List specific dates / days that you wish to restrict parking _____
4. List any special requests pertaining to signage _____

¹ Event Producers must utilize barricades and placement must be approved by LMPD

² Legacy status allows an event to have a reserved date and location



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(Attach separate sheet with meter numbers if needed)

SIGNAGE

Placement for "NO PARKING" signs

4. List streets, block numbers and specific areas that will require signs _____
5. List specific times / hours that you wish to restrict parking _____
6. List specific dates / days that you wish to restrict parking _____
4. List any special requests pertaining to signage _____

(Attach separate sheet with meter numbers if needed)

TRAFFIC CONTROL

Select appropriate security service.

☐ Louisville Metro Police (LMPD)

☐ Off Duty

☐ Private Security

LMPD Officer _____ District _____ Phone _____

Security Contact Information:

Day Phone

Cell Phone

Evening Phone

SECURITY

NOTE: Event producers must provide adequate security for event management and crowd control.

Total number of private security personnel or off-duty law-enforcement officers on-site: _____

Organization providing security: _____

Contact name: _____ Phone: _____

Describe your event's security plan: _____

Security being provided by the Event Producer(s):

☐ Beer/Alcohol Sales Security

☐ Event Area Security

☐ Gate Security

☐ Money Handling Security

☐ Event Area Security

☐ Stage Security

☐ Outside Event Hours Security From: ____:____ M To: ____:____ M

☐ Parking Lot Security

☐ Celebrity Security

☐ Overnight Security From: ____:____ M To: ____:____ M

☐ Parking Lot Security

ALCOHOLIC BEVERAGES

Prior to applying for any alcohol licenses, you must have been approved for a special events permit. If you are serving or selling alcoholic beverages at your event, a Louisville Metro and Kentucky State temporary alcoholic beverage license is required. You must complete the ABC applications and submit them with payment to the State ABC and Louisville Metro ABC, along with proof of insurance, at least 30 days prior to event date.

Alcoholic beverage concessionaire or caterer: _____

Insurance company: _____

Contact: _____ Office Phone: _____



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**EVENT CLEAN-UP PLAN

Please ensure your event is litter-free. All property adjacent to the event (i.e. streets, right-of-ways, sidewalks, steps, yards and alcoves) must be free of waste, recycling (i.e. paper and plastic) and compost/recovery (i.e. food and cooking oil) material once your event is over. Recycling is strongly encouraged for all large events.

Cleaning services will be provided by: ☐ **Metro Solid Waste Management Services** (complete application addendum and attach)

☐ Contracted Company: _____ (complete application addendum and attach)

☐ Event Organizers (complete application addendum and attach)

ELECTRICAL SERVICES

Louisville Metro Electrical Maintenance (EM) services are required for events held on the Belvedere and Waterfront Park.

EM may be able to provide electrical services at other locations, please indicate if you want a quote.

☐ Yes ☐ No

Complete the section below when using a private contractor

Electrical contractor/supplier: _____ : Office Phone : _____

Emergency contact name: _____ Cell Phone: _____

EMERGENCY MEDICAL SERVICES

Emergency Medical Services must be provided at all events defined as a "Major Event." A minimum of one team for an attendance up to 10,000; two teams for an attendance up to 20,000; and three teams for an attendance up to 35,000 or greater is required

Is the event producer providing private Emergency Medical Service? ☐ Yes ☐ No IF YES, complete information below:

Provider: _____ Office Phone: _____ Cell Phone: _____

Briefly describe your event's Emergency Medical Services plan: _____

METRO STAGE RENTAL

Stage Location - Indicate on attached site map. Dates requested for the Louisville Metro Stage, **IF AVAILABLE**

Stage delivered location: _____ Set Up location: _____

Drop-off date: ____/____/____ Time: ____:____ M Pick-up date: ____/____/____ Time: ____:____ M

RESTROOM FACILITIES

Number of permanent facilities at event location: _____ Number of portable facilities: _____

Name of supplying company: _____ Office phone: _____

Emergency contact name: _____ Cell phone: _____

SIGNS/BANNERS

Please contact Codes & Regulations (502) 574-3364

TENT(S)

Please contact Codes & Regulations (502) 574-3364



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VENDORS

An event that will have food or merchandise vendors must apply for a Temporary Master Location Use Permit. A Personal Conveyance Permit is also required for each vendor booth or mobile vendor. A site map of the location of all vendors must be attached. Vendors selling food and drink (other than prepackaged) also require a permit from the Public Health and Wellness Department.

**SITE MAP REQUIREMENT

Regardless of an event's location, a site map must be submitted to Codes and Regulations with the application, showing the location of the event; all streets, alleys and rights of way affected by the event and detailing specific event features and equipment.

INSURANCE REQUIREMENTS

The Insurance Requirements referenced in the special events handbook should be reviewed immediately with your insurance agent in order to comply. Please have your insurance agent complete an Insurance Certificate form and return it with your application and obtain and forward required Certificates of Insurance from all subcontractors referenced above.

Proof of insurance is required from an event producer and event subcontractors, at least 60 days prior to an event, if estimated attendance at an event is 501 or more people or if the event will include carnival rides, fireworks or selling/serving alcoholic beverages. See special events handbook for specific information detailing the types of insurance required, minimum insurance limits, and designating Louisville / Jefferson County Metro Government as an additional insured.

HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Applicant/Event Producer shall indemnify, hold harmless and defend Louisville Metro Government and, if the event is held on Waterfront Development Corporation property, the Waterfront Development Corporation, Parking Authority (PARC) their elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Applicant/Event Producer's (or Applicant/Event Producer's subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of Louisville Metro Government or the Waterfront Development Corporation, their elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Special Event Permit Application.

Only applicants in good standing with Louisville Metro will be considered for approval. Any misrepresentation in this application or deviation from the final approved specifications and activities described herein or failure to abide by all Federal, State and Louisville Metro Laws, ordinances, policies and procedures may result in the immediate revocation of the approved permit and/or refusal to issue a permit in the future.

X

Signature of the agent duly authorized by the Special Event Permit applicant to bind it.

_____/_____/_____
Date

Before submittal, please refer to the Special Events Handbook as a guide to properly complete the application:
<http://louisvilleky.gov/government/codes-regulations/special-events-handbook>

. Please contact Codes & Regulations Special Events Office immediately upon any issues detected

Return Application To:
Codes & Regulations
444 S. 5th Street, Suite 200, Louisville, KY 40202-4314
Questions
(502) 574-3364 (phone) or (502) 574-5245 (fax)



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Please write down any questions in regards to your upcoming event.



**LOUISVILLE METRO SPECIAL EVENT
CLEAN UP & RECYCLING ADDENDUM**

Event Name: _____ Date: _____
Official name of festival or event (name used to advertise event)

Primary Contact: _____
Person who should be contacted regarding the application request

Primary Contact Information: _____
Day Phone Cell Phone Evening Phone
* _____
Email Fax

SOLID WASTE MANAGEMENT AND RECYCLING SERVICES

Please ensure your event is litter-free. All property adjacent to the event (i.e. streets, right-of-ways, sidewalks, steps, yards and alcoves) must be free of waste, recycling (i.e. paper and plastic) and compost/recovery (i.e. food and cooking oil) material once your event is over. Recycling is strongly encouraged for all events.

1. Recycling containers are available at a minimum 1:1 ratio with Waste containers;
2. Recycling and Waste containers are clearly labeled, easily distinguishable, and placed beside one another;
3. Recycling containers must accept (at a minimum) cardboard, mixed paper, plastic bottles and cups, aluminum cans, and glass bottles.

Cleaning Services will be provided by: ☐ Contracted Company (complete subsection 1)
☐ Event Organizers (Complete Subsection 2)
☐ Metro Solid Waste Management Services (complete subsection 3)

Section 1: Contracted with Private Company

Service Provider and Disposal Information:

Recycling Provider

Company Name: _____

Phone: _____

Waste Provider (leave blank if same as Recycling Provider)

Company Name: _____

Phone: _____

Section 2: Conducting Clean up as part of Event

If you are not using a service provider and will dispose of your own recycling and Waste, please list the location(s) where you will dispose of recycling and Waste. *Note: This only applies to events that are not hiring a service provider.*

Section 3: Contracting with Metro Solid Waste Management Services

If you would like Louisville Metro to provide dumpsters, trash containers, and/or recycling containers, please fill out the following information:

Number of Waste Units: ☐ dumpsters _____ ☐ wire baskets _____ ☐ cardboard boxes _____ ☐ carts _____ Number of trash liners: _____

Number of Free Recycling Units: ☐ dumpsters _____ ☐ cardboard boxes _____ ☐ carts _____ Number of recycling liners: _____

Drop-off date: ____/____/____ Time: ____:____M Pick-up date: ____/____/____ Time: ____:____M

Exact location where containers should be dropped: _____

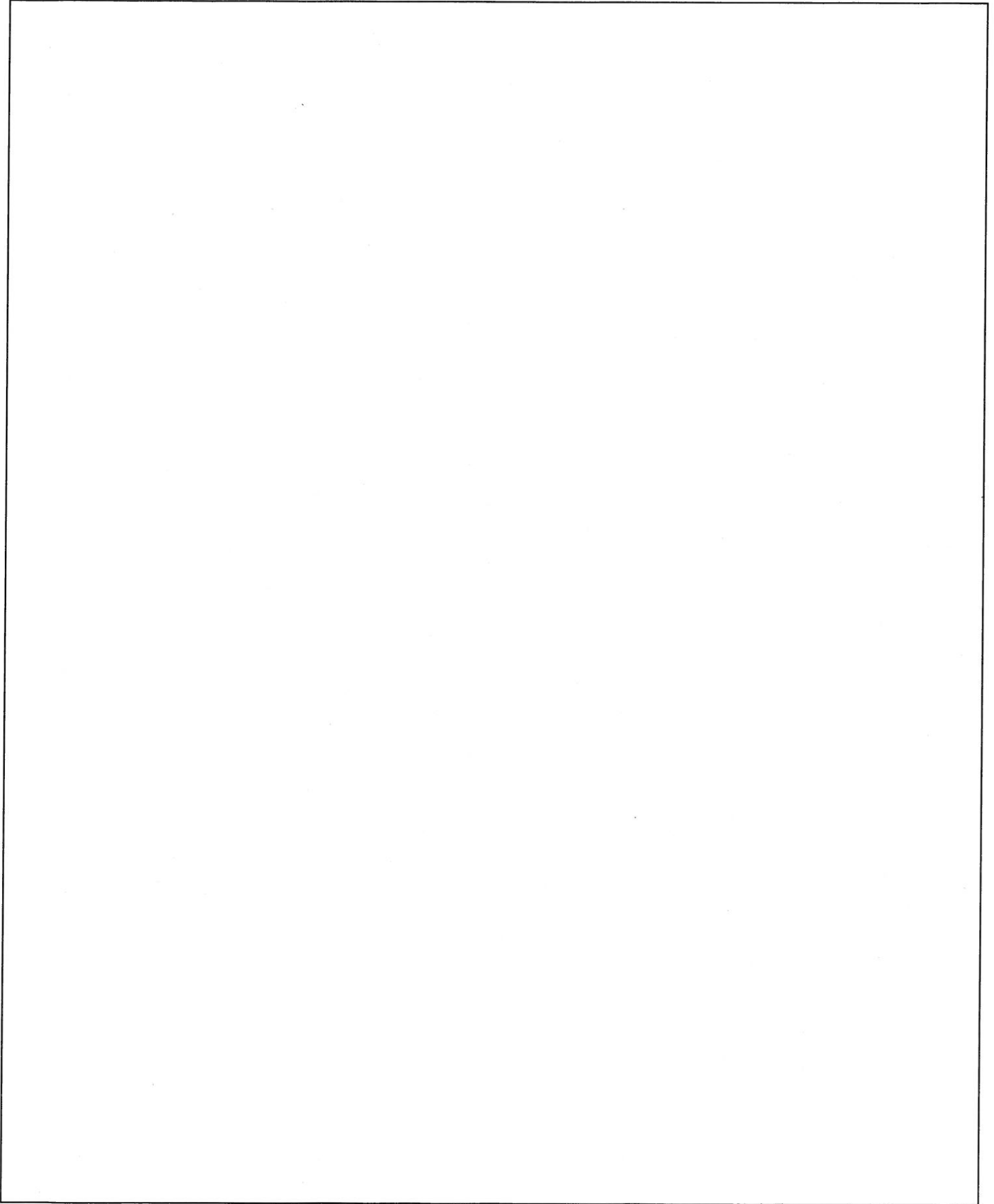
Schedule Street Sweeping

Request sweeping services _____ before event _____ after event

(Attach site map if necessary)

To learn more about recycling for special events, link [Special Event Recycling and Waste Reduction Best Practice Guide](#).

Draw your site map here or attach to this form.

A large, empty rectangular box with a thin black border, intended for drawing a site map or attaching a map to the form.